

Case Number:	CM15-0175581		
Date Assigned:	09/16/2015	Date of Injury:	12/13/2010
Decision Date:	10/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old male, with a reported date of injury of 12-13-2010. The diagnoses include left knee degenerative joint disease and left knee arthritis. Treatments and evaluation to date have included physical therapy, with no significant relief; chiropractic treatment with no significant relief; acupuncture with minimal relief, Trazodone (ineffective), Norco, Flexeril, Docuprene, Ketoprofen cream, left knee arthroscopic surgery in 12-2011, series of Orthovisc injections on 03-31-2015 and 04-07-2015, left knee steroid injections with 50% relief for 1-2 weeks; and a knee brace. The diagnostic studies to date have included a urine drug screen on 03-30-2015 with inconsistent findings; x-rays of the left knee on 5-19-2015 which showed hypertrophic osteoarthritic changes most prominent in the medial compartment and patellofemoral joint space, soft tissue calcification joining the anterior distal femur and superior posterior patella, degenerative changes of the patellofemoral joint space, and increased bony protuberance interior patella which may represent Sinding-Larsen-Johansson syndrome a urine drug screen on 06-01-2015 with consistent findings. The progress report dated 08-10-2015 indicates that the injured worker presented with bilateral knee complaints. Since the last office visit, the injured worker stated that his symptoms increased. He used a single point cane. The injured worker indicated that his knee frequently "gives out on him" due to weakness and instability. He rated the left knee pain 9-10 out of 10. He reported increased stiffness and tightness throughout the knee as well as swelling with increased activity. It was noted that the injured worker had a fear of falling. The physical examination of the left knee showed a normal heel-toe walk, tenderness to palpation of the medial aspect greater than lateral, decreased range

of motion, normal strength, positive crepitus, and positive patellofemoral grind. It was noted that an x-ray of the left knee was taken on 04-09-2015 which showed left knee osteoarthritis with narrowed joint space, bony osteophyte, subchondral sclerosis and cysts; an MRI of the left knee on 07-30-2013 which showed diminutive medial meniscus suggested maceration and postoperative change with medial greater than lateral femorotibial degenerative change, patellofemoral degenerative change with lateral patellar tilt and subluxation, moderately large joint effusion with synovitis and popliteal cyst, and marked cystic change and swelling of the lateral intercondylar notch and proximal mid tibia eccentric laterally. The treatment plan included a second request for three Orthovisc injections for the left knee. There was no indication of the injured worker's response to the previous Orthovisc injections. The injured worker's disability status was referred to the primary treating physician. The treating physician requested three (3) Orthovisc injections to the left knee. On 09-02-2015, Utilization Review (UR) non-certified the request for three (3) Orthovisc injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Orthovisc injections to the left knee x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg -Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, under Hyalgan/Synvisc Knee Injections.

Decision rationale: This claimant was injured in 2010 and has left knee degenerative joint disease. There was left knee arthroscopic surgery in 12-2011, a series of Orthovisc injections on 03-31-2015 and 04-07-2015, left knee steroid injections with 50% relief for 1-2 weeks; and a knee brace. The injured worker indicated that his knee frequently "gives out on him" due to weakness and instability. There was no indication of the injured worker's response to the previous Orthovisc injections. The MTUS is silent on these injections. The ODG note these injections are recommended as an option for osteoarthritis. They note that patients with moderate to severe pain associated with knee osteoarthritis OA that is not responding to oral therapy can be treated with intra-articular injections. The injections are for those who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). This patient however has no documentation of the objective functional improvement out of the prior Orthovisc injections. The request was appropriately not medically necessary per MTUS guides.